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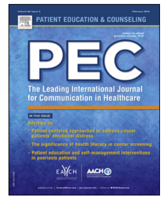

Discussion

Is linking research, teaching and practice in communication in health care the way forward?

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ABSTRACT

This paper is based on the keynote lecture given at the ICCH conference in New Orleans in October 2015. With as background the observation that even though research and teaching of communication have been receiving attention for some time now, patients still encounter many problems when they visit clinicians because of health problems, it subsequently touches upon research on integration of communication with correct medical content, person centered communication and the role of placebo on outcomes. For teaching it emphasizes methods working best to teach clinical communication skills and lead to behavior changes in professionals: experiential teaching methods but taking care of a balance with cognitive methods. It then discusses the challenge of transfer to clinical practice and what is needed to overcome these challenges: learning from reflecting on undesired outcomes in clinical practice, feedback from clinicians who are open to communication and support learners with effective feedback in that specific context. It adds suggestions about where linking more between research, teaching and clinical practice could help moving communication in health care forward and builds the case for involving policymakers and members of hospital boards to help manage the necessary climate change in clinical settings.

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1. Introduction

Many problems in communication still occur when patients meet with clinicians even though research of communication in healthcare has been increasingly receiving attention in the past few decades, and many results on how to communicate have become available. And on the teaching side, many medical schools and other training programs have incorporated communication skills teaching in their curricula for future professionals. However by remaining in the separate fields of research and teaching, opportunities for improving communication in clinical practice are missed.

Researchers often do not have a role in teaching, and if they do, they are not always properly trained, which in turn impacts negatively on the transfer of valuable messages. On the other hand, teachers are often not involved in research and because of their background and many other tasks, often clinical, and the constant turnover, they are not always up to date on what and how to teach effectively. Researchers and teachers often do not meet, certainly not regularly, hindering exchange between their fields. In addition, a lot of the research and teaching is done by people who have never experienced the complexity of clinical practice themselves. Even when their research outcomes are sound, or their teaching contains valuable elements, without input and exchange with clinical practice, they might be difficult to apply in a clinical context.

This article discusses and highlights some of the important research fields and findings, teaching and the challenge of transfer to clinical practice, and adds suggestions about where linking more could help moving communication in health care forward. Quotes from a true and recent patient story are used as an illustration.

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Box 1

Richard is an architect in his early fifties; he is married and has a grown-up stepdaughter. He has been diagnosed with an inoperable bile duct cancer. In this first quote he tells the story of how the diagnosis was told to him.
"The next day, my specialist came to see me on the ward . . . and then another doctor came,
one whom I didn't know. She did introduce herself, but she kept a distance of about three meters. She didn't shake my hand and told me that things looked pretty serious. They were considering a liver transplant or some other major surgery . . . which came as quite a shock to me. And then she left.
I called my wife to tell her what happened and that it had left me quite shaken. I asked her to come over and she promised she would
Then this doctor came back telling me she wanted to talk to me privately and just by chance my wife came in, otherwise I would have been on my own . . ."

Even though the results of research on doctor patient communication are not always entirely conclusive, there is enough evidence to show that adequate communication contributes to a more accurate diagnosis, better adherence to treatment, more effectiveness and less problems in patient safety, less legal issues and lower costs. Adequate communication helps in capturing the full patient story including ideas and concerns and not only the symptoms. This not only helps with the diagnosis but also in discussing what needs to be done and making a shared decision on a safe management plan, which in turn leads to better adherence.

Di Blasi wrote 'Physicians adopting a warm, friendly and reassuring manner are more effective than those who remain formal with their patients' [1]. In the available research, elements and concepts can be found through which communication becomes effective. Among others, three research fields in which some of the answers can be found, are the research showing that integrating communication with correct medical content leads to better outcomes, research about the effects of person centered communication, and about placebo effects.

2. Research

2.1. Integration of communication with correct medical content

Better health outcomes are only achieved if both the medical content and the way that content is conveyed through communication is correct. One of many examples can be found in a study by van Os, a Dutch psychiatrist [2]. In this study about guideline concordant treatment for depression, he shows that better long term outcomes are only achieved when correct prescribing of antidepressants (AD) to patients with a correct diagnosis of depression is combined with good communication skills. Correct prescribing/diagnosis alone is not enough, nor is adequate communication alone, both need to be adequate and integrated.

2.2. Patient centered communication

In the concept of Patient/Person centeredness a patient is seen as a person. There is attention for his context, taking into account social, psychological and biomedical factors, exploring emotional cues, and there is involvement of the patient in consultations with room for the patient's story and an active role beyond the consultation [3–6]. The emphasis is on a dialogue with the person, showing empathy, adjusting information/advice to the context of that patient and framing it in a positive way; patients have to be involved in decisions on management of illness and, if necessary have to be empowered to take part in management of their own health.

Both professional and patient have their responsibilities, but it is the clinician who can and has to support the patient in the process and make sure the patient can contribute and play that part. The professional has to elicit, listen to, and respond to cues in an appropriate manner, which can be difficult when emotions in a patients are not so obvious, or overwhelming.

In this respect the person of the doctor is important. In the past decades It has become clear that professionals need training to be able to communicate effectively and to be sensitive and flexible, and use the influence they have on patients appropriately.

Research on person centeredness shows that the quality of communication is important during all stages of a clinical consultation, from gathering information through problem formulation to decisions about management. It is effective if there is mutual understanding of each others' explanatory models of illness and disease, taking into account patient's ideas, concerns, and expectations. In other words, if *common ground* is found[4]. It is also important for patients to get clear information, adjusted to that patient. If that is done appropriately it has positive effects on all kinds of outcomes, subjective as well as objective: on well-being, anxiety and depression but also on blood pressure; cholesterol; HbA1c and even on mortality; and also reduces costs for example through fewer diagnostic tests and referrals [7,8].

2.3. Placebo effects

Studies on placebo effects also contribute to the understanding of effective communication. Results show that words and how they are used cause cognitive and emotional changes; they have neurobiological underpinnings and actual effects on the brain and body as Benedetti shows in his fascinating experiments [9]. Placebo effects work through conditioning, manipulating expectations (for example higher effect of pain medication when the physician phrases the message positively), and through influencing patients' affective state and stress levels [10,11]. Studies on empathy show that with empathy better outcomes and quicker recovery are achieved, and affective statements reduce anxiety and uncertainty, temper emotional arousal and lead to increased recall of medical information. In their study van Osch et al. showed that a few verbal affective remarks can already be effective and this is not necessarily time consuming: It took only 38 seconds to make a difference and that affective statements related to emphasizing non-abandonment and providing reassurance of medical support made the difference [12]. Many argue that perhaps we should speak of healing power of clinicians rather than of placebo.

In any case the lessons learnt from all these studies can be used in teaching of clinical communication skills but not as a trick or an isolated skill or a one-off, relationships matter [13].

If there is so much research showing that adequate communication impacts positively on health and outcomes why do we not just teach it and make it work?

3. Teaching

Communication skills can be taught and learned and many medical schools have implemented communication skills training. Blueprints with criteria for content of full communication skills curricula have been developed [14–17]. Kern defined criteria for Medical Education curriculum development, which are very helpful for communication skills curricula as well [18]. In addition to meeting the needs of learners as a necessary component, these criteria incorporate 'what' and 'how' to teach, resources needed to make a curriculum work, and assessment of learning.

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